

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068464

1. Entity Name
SIR SNACKS-A-LOT, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90445 009 ***150.00

Principal Place of Business
**3458 NORTH HERON DRIVE
JACKSONVILLE BEACH FL 32250**

Mailing Address
**3458 NORTH HERON DRIVE
JACKSONVILLE BEACH FL 32250**

00043892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
267 VILLA VERDE RD

Suite, Apt. #, etc.
ST AUGUSTINE

City & State
FL

Zip
32080

Country

3. Mailing Address
267 VILLA VERDE RD

Suite, Apt. #, etc.
ST AUGUSTINE

City & State
FL

Zip
32080

Country

4. FEI Number **59-3396443**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, PATRICIA
3458 NORTH HERON DRIVE
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
267 VILLA VERDE RD
City & State
ST AUGUSTINE FL Zip Code
32080

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so: ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JENNINGS, PATRICIA**
STREET ADDRESS **3458 NORTH HERON DRIVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete
NAME **JENNINGS, STANLEY**
STREET ADDRESS **3458 NORTH HERON DRIVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **267 VILLA VERDE RD.**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **267 VILLA VERDE RD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia L. Jennings** **PATRICIA L. JENNINGS** 4/26/01 904 461-1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)